

In re Application of:

MIYUKI ENOKIDA et al.

Application No.: 09/558,656

Filed: April 26, 2000

For: DATA PROCESSING METHOD  
AND DATA PROCESSING DEVICE

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 64	MINUS	** 64	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 12	MINUS	*** 12	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

\* - If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.



Docket No.

00862.021901.

Examiner: B. To

Group Art Unit: 2172

Date: April 4, 2003

I hereby certify that this correspondence is being  
deposited with the United States Postal Service as first  
class mail in an envelope addressed to: Assistant  
Commissioner for Patents, Washington, D.C. 20231 on

APR 4 2003  
(Date of Deposit)  
Dennis A. Duchene, Reg. No. 40,585  
Name of Attorney for Applicant  
Signature Date of Signature

RECEIVED

APR 15 2003

Technology Center 2100

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$930.00 to cover the fee for a three-month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicants

Registration No. 40,595

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

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